



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

Austin Asian American Quality of
Life Council

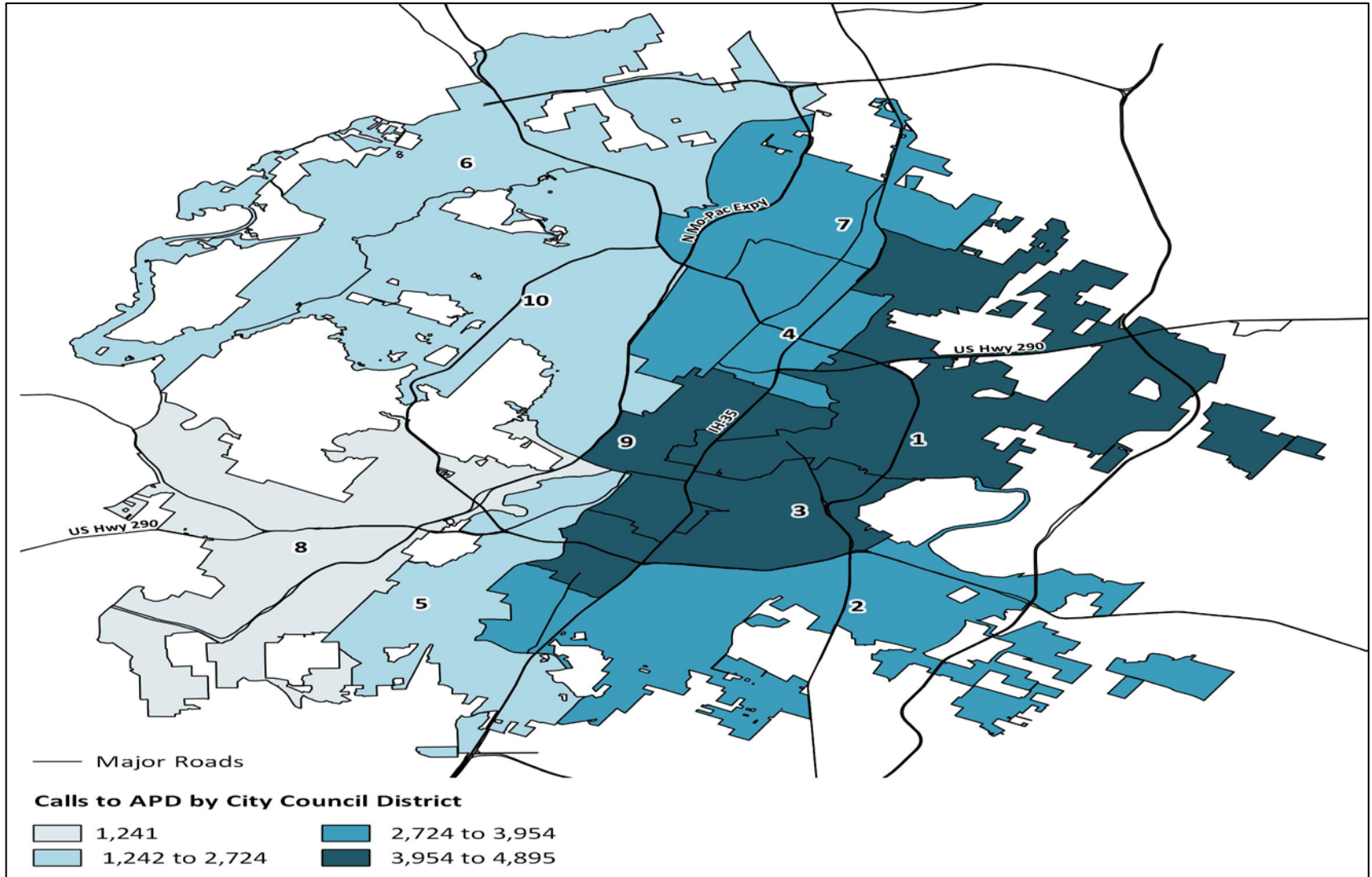
The Assessment

MMHPI completed a comprehensive review of mental health first response systems in Austin to include data analysis, demographic data comparisons, and consumer and family member input.

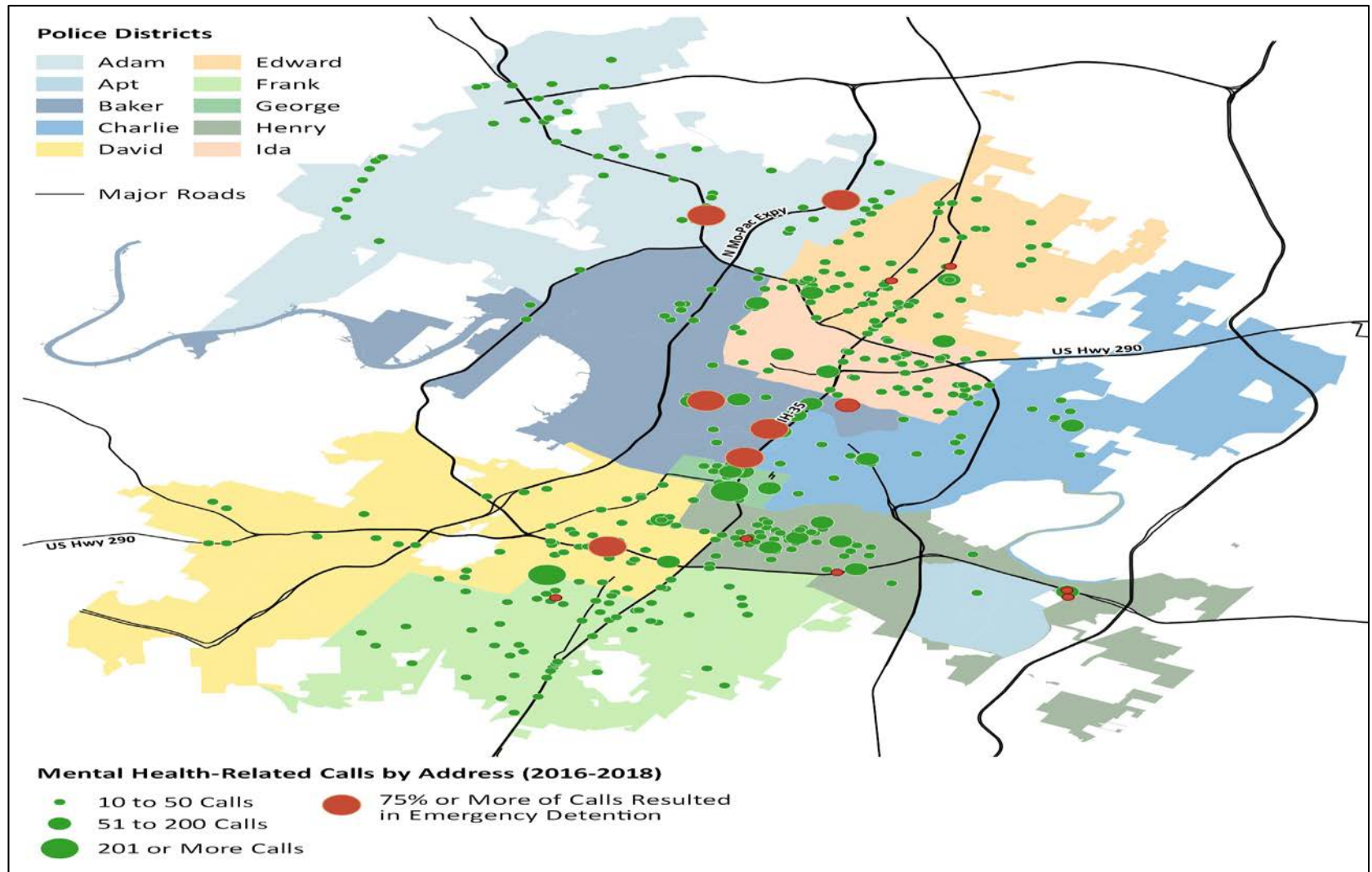
Recommendations were crafted based on this information and the unique needs of the residents of Austin.

Each recommendation is rooted in research and evidence demonstrating positive impact and outcomes when the elements are implemented with high fidelity.

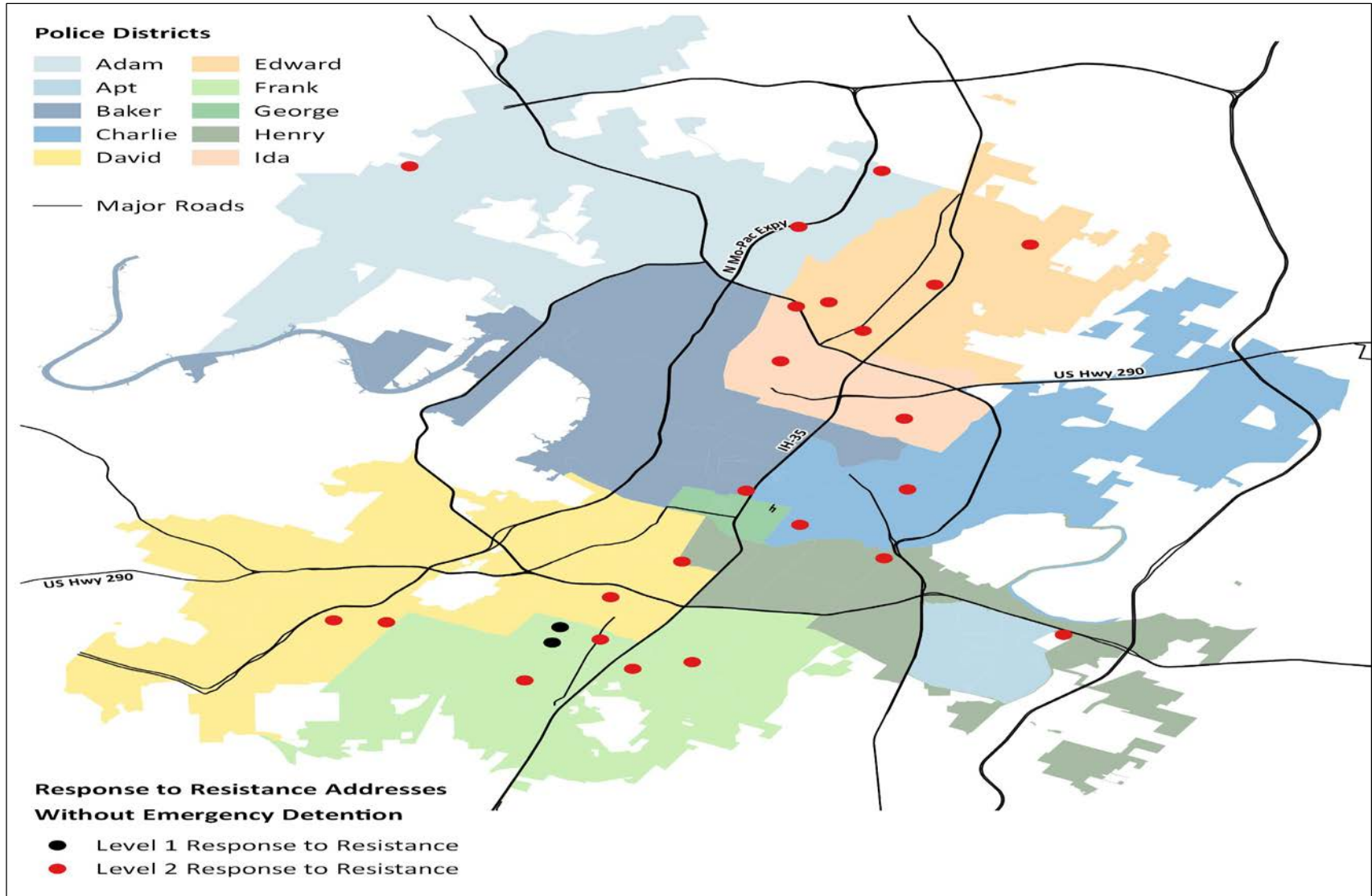
Community Impact – Total Crisis Calls



Community Impact – Highest Number of Crisis Calls

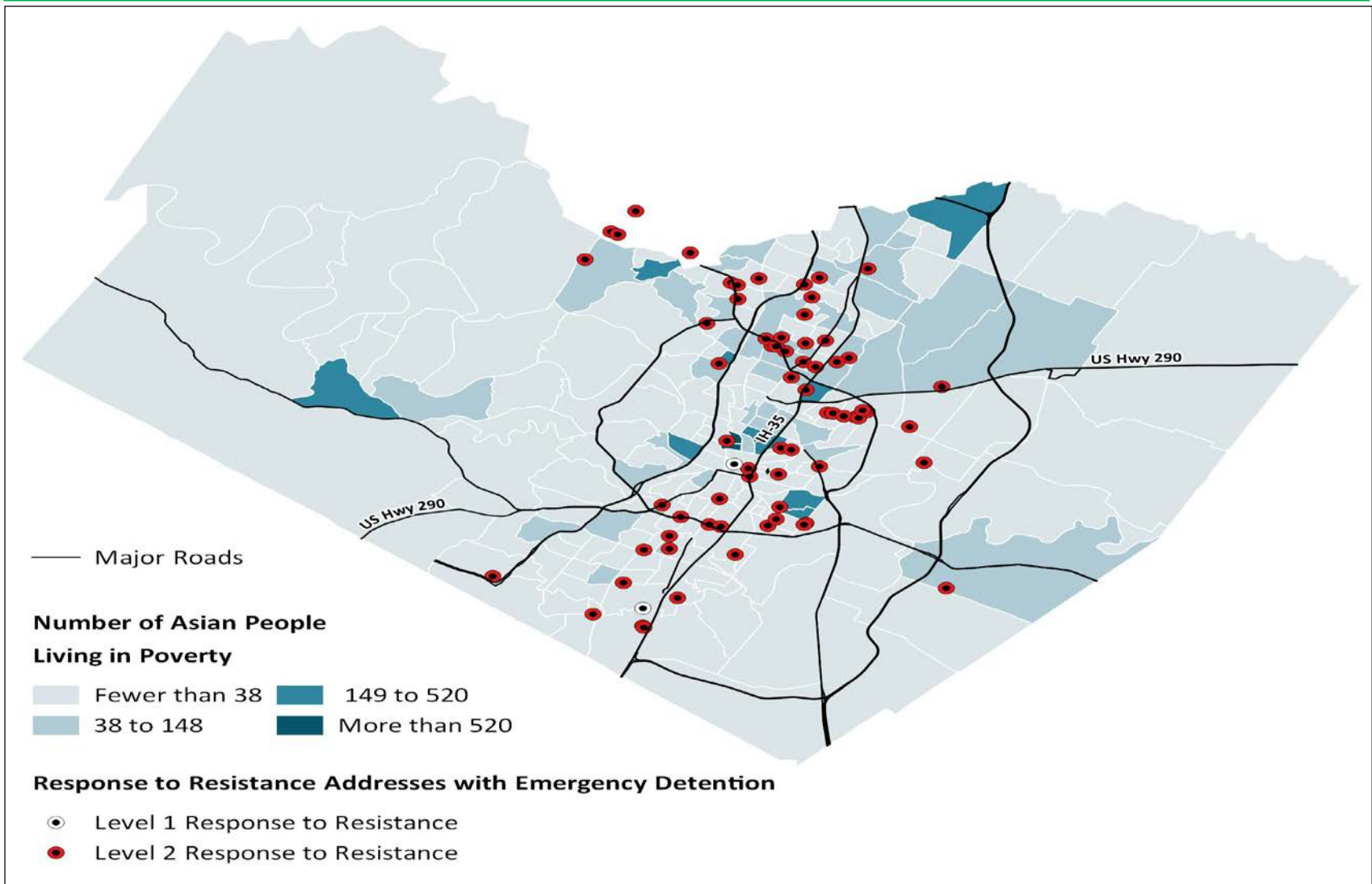


Community Impact – Response to Resistance



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Level 1 and Level 2 Use of Force Responses with Emergency Detention (2016–2018), and Asian People Living in Poverty, by Census Tract



Recommendations: Quick Wins

**APD Chief's Mental Health Program and Response Advisory Function
Developed Within the Behavioral Health and Criminal Justice
Advisory Committee**

**Collaboration with APD Crisis Intervention Team and Community
Health Paramedic Program**

Community Outreach in Collaboration with NAMI Central Texas

Recommendations: Strategic Planning Needed

Mental Health Integrated Dispatch

There were several cases reviewed during our engagement in which an officer was never informed the call he was answering was a call with a strong mental health component and a crisis unfolding.

This left the officers without the tools and information they needed. These calls resulted in the unfortunate use of deadly force.

Evidence from programs across Texas and across the Country show that integrating clinical triage at the earliest point, at 911, reduces the inappropriate allocation of public safety resources to address health care needs.

Mental Health Integrated Dispatch – Continued

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Recommendations: Strategic Planning Needed - Sustainability of EMCOT Including Tele-Health Expansion

There is a large body of evidence supporting mobile tele-health as a workforce multiplier - making it possible to immediately connect people to crisis health services.

Tele-Health is not intended for instances of immediate risk to public safety or volatile calls.

- Overwhelmingly, the MH CFS in Austin do not fall in this range.
- Yet, without immediate care connections people are unlikely to be connected to care after the crisis episode
 - This leads to elevated risk of arrest and a perpetuated cycle of crisis which can, after time, result in a more volatile crisis episode with a poor outcome.
- This should include community paramedicine to ensure a fully health first approach.